

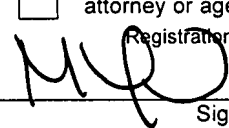
11-2307

FW  
Reissue

PTO/SB/22 (11-07)

Approved for use through 11/30/2007. OMB 0651-0031  
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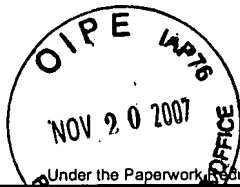
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|   |            |  |             |
|---|------------|--|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2008</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>393032023130 |             |
| Application Number<br>10/805,489  |            | Filed<br>March 19, 2004                  |             |
| For <b>TONE SIGNAL PROCESSING APPARATUS WITH INTERMITTENT CLOCK SUPPLY</b>  |            |  |             |
| Art Unit<br>2837  |            | Examiner<br>Marlon T. Fletcher           |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |  |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                  |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60                                     | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$460      | \$230                                    | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1050     | \$525                                    | \$ 1,050.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820                                    | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115                                   | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |  |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |  |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |             |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |  |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |            |  |             |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |            |  |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |  |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,231</u>  |            |  |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |            |  |             |
| Registration number if acting under 37 CFR 1.34 _____   |            |  |             |
| <br>Signature  |            | November 20, 2007<br>Date                |             |
| Mehran Arjomand<br>Typed or printed name  |            | (213) 892-5630<br>Telephone Number       |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |  |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |  |             |

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV889614256US, on the date shown below in an envelope addressed to:  
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: November 20, 2007

Signature:  (Marco Jimenez)



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|  |  |                          |                     |              |
|--|--|--------------------------|---------------------|--------------|
| <b>FEE TRANSMITTAL</b><br>For FY 2008  |  | <b>Complete if Known</b> |                     |              |
|  |  | Application Number       | 10/805,489          |              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Filing Date              | March 19, 2004      |              |
|  |  | First Named Inventor     | Kazuhisa OKAMURA    |              |
|  |  | Examiner Name            | Marlon T. Fletcher  |              |
| TOTAL AMOUNT OF PAYMENT  |  | Art Unit                 | 2837                |              |
| (\$)   |  | 1,050.00                 | Attorney Docket No. | 393032023130 |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify):  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: 03-1952   |
| Deposit Account Name: Morrison & Foerster LLP  |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |              |  |             |                       |                           |                       |                       |
|---|--------------|--|-------------|-----------------------|---------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |              |  |             |                       |                           |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |              |  |             |                       |                           |                       |                       |
| Application Type  | FILING FEES  |  | SEARCH FEES |                       | EXAMINATION FEES          |                       | Fees Paid (\$)        |
|   | Fee (\$)     | Small Entity Fee (\$)                            | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)                  | Small Entity Fee (\$) |                       |
| Utility   | 310          | 155  | 510         | 255                   | 210                       | 105                   |                       |
| Design  | 210          | 105  | 100         | 50                    | 130                       | 65                    |                       |
| Plant   | 210          | 105  | 310         | 155                   | 160                       | 80                    |                       |
| Reissue   | 310          | 155  | 510         | 255                   | 620                       | 310                   |                       |
| Provisional   | 210          | 105  | 0           | 0                     | 0                         | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>   |              |  |             |                       |                           |                       |                       |
| Fee Description   |              |  |             |                       |                           | Small Entity Fee (\$) | Small Entity Fee (\$) |
| Each claim over 20 (including Reissues)   |              |  |             |                       |                           | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |              |  |             |                       |                           | 210                   | 105                   |
| Multiple dependent claims   |              |  |             |                       |                           | 370                   | 185                   |
| Total Claims  |              | Extra Claims                                     | Fee (\$)    | Fee Paid (\$)         | Multiple Dependent Claims |                       |                       |
| =   |              | x  | =           |                       | Fee (\$)                  |                       | Fee Paid (\$)         |
| HP = highest number of total claims paid for, if greater than 20.   |              |  |             |                       |                           |                       |                       |
| Indep. Claims   |              | Extra Claims                                     | Fee (\$)    | Fee Paid (\$)         |                           |                       |                       |
| =   |              | x  | =           |                       |                           |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |              |  |             |                       |                           |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |              |  |             |                       |                           |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |              |  |             |                       |                           |                       |                       |
| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof |             | Fee (\$)              | Fee Paid (\$)             |                       |                       |
| - 100 =   | /50 =        | (round up to a whole number) x                   |             | =                     |                           |                       |                       |
| <b>4. OTHER FEE(S)</b>  |              |  |             |                       |                           |                       |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |              |  |             |                       |                           | Fees Paid (\$)        |                       |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month   |              |  |             |                       |                           | 1,050.00              |                       |

|                     |                 |                                   |                   |
|---------------------|-----------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                 |                                   |                   |
| Signature           |                 | Registration No. (Attorney/Agent) | 48,231            |
| Name (Print/Type)   | Mehran Arjomand | Telephone                         | (213) 892-5630    |
|                     |                 | Date                              | November 20, 2007 |

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